[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Claims Adjuster Name]
[Insurance Company/Facility Name]
[Address]
[City, State, Zip Code]

RE: SETTLEMENT DEMAND FOR MEDICAL MALPRACTICE AND NEGLECT

Claimant: [Patient Name]
Facility: [Nursing Home/Hospital Name]
Date of Injury: [Date Range of Stay]
Claim Number: [Reference Number if applicable]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement regarding the injuries sustained by [Patient Name] due to the gross negligence and failure of care provided by [Facility Name]. As a direct result of your staff's failure to adhere to the standard of care, [Patient Name] developed a preventable Stage IV pressure ulcer (bed sore).

Statement of Facts
[Patient Name] was admitted to [Facility Name] on [Date] for [Reason for Admission]. At the time of admission, the patient's skin was [describe condition, e.g., intact]. Despite being flagged as a high risk for skin breakdown, the facility failed to implement a proper turning and repositioning schedule, failed to provide adequate nutrition, and failed to maintain proper hygiene.

Medical Evidence of Neglect
On [Date], a Stage IV pressure ulcer was documented on the patient's [Location, e.g., sacrum/coccyx]. This ulcer progressed to the bone, exposing muscle and tendons. Medical records indicate a lack of documentation regarding pressure-relieving measures. The wound became infected with [Name of infection, e.g., MRSA or Sepsis], requiring aggressive surgical debridement and prolonged hospitalization at [Hospital Name].

Liability
State and Federal regulations (including 42 CFR $ 483.25) require facilities to ensure that a resident receives care to prevent the development of pressure sores unless the individual's clinical condition demonstrates that they were unavoidable. In this case, the Stage IV ulcer was

entirely avoidable. Your facility breached the standard of care by failing to monitor, prevent, and treat the skin breakdown in its early stages.

Damages
As a result of this neglect, [Patient Name] has suffered:
- Excruciating physical pain and suffering.
- Permanent scarring and disfigurement.
- Emotional distress and loss of quality of life.
- Medical expenses totaling $[Amount] for wound care and surgery.

Settlement Demand
In light of the clear liability and the catastrophic nature of the injury, [Patient Name] hereby demands the sum of $[Total Dollar Amount] to settle this claim in its entirety. This offer is made for the purpose of settlement only and is valid for [Number] days from the date of this letter.

We look forward to your prompt response.

Sincerely,

[Your Signature]
[Your Printed Name]